



State of Louisiana
ACADEMIC COMMON MARKET
Application and Certification of Residency

Please **print**

Name of higher education institution

Name of major

Degree (B.S., M.S., Ph.D., etc.)

Is this an Electronic Campus degree? (circle one) YES NO

I. BIOGRAPHICAL INFORMATION

Name _____

Social Security # XXX-XX-
(last four digits only)

Date of Birth _____

Permanent Louisiana Address

City/Town State Zip Code

Phone () _____

How long have you lived at this address? _____

Email address _____

(Only electronic copies of the certification will be issued – if you do not specify an email address, a hard copy will be mailed to your permanent Louisiana address noted above)

II. SUPPORTING DOCUMENTATION

This application must be accompanied by a letter from the university (a photocopy is acceptable) stating: a) that you have officially been accepted into the university; and b) the specific name of your major (matching the name of the major you indicated on page 1 of this application). Students with *probational, provisional, or non-degree seeking status* are not eligible for Academic Common Market participation.

Please submit photocopies of three current documents that indicate a permanent Louisiana address (e.g., home ownership, full-time/part-time employment, first page of state income tax return, first page of federal income tax return, motor vehicle registration, driver's license, voter registration card, utility bill, etc.). If you are not able to provide your own documentation and are a dependent of your parents, you may supplement yours with some of your parents' documentation. However, at least one of the documents must be in your own name.

PLEASE SIGN BELOW AND HAVE THIS APPLICATION NOTARIZED BEFORE RETURNING IT TO THIS OFFICE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTAND THAT THE INFORMATION WILL BE USED IN REVIEWING MY ELIGIBILITY AS A LEGAL RESIDENT OF THE STATE OF LOUISIANA. I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE CERTIFICATION.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC (please be sure to affix seal to this document)

My Commission expires _____

PLEASE DO NOT FAX. THE ORIGINAL APPLICATION AND DOCUMENTATION MUST BE MAILED TO:

Dr. Stephen C. Scott
Louisiana Board of Regents
Division of Academic Affairs
P.O. Box 3677
Baton Rouge, LA 70821-3677